

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HERB L. FELTON  
 384-134  
 S.O.C.F.  
 P.O. BOX 45699  
 LUCASVILLE, OH 45699

2. Article Number

(Transfer from service label)

7002 0860 0006 5229 8436

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *H. L. FELTON*
 Agent  
 Addressee

B. Received by (Printed Name)

*HERB L. FELTON*C. Date of Delivery  
*9-21-04*D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes